

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7719**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 2105	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Noyes Hospital		e. STREET ADDRESS (If rural, give location) 45 Sunset Drive	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) FRANKLIN c. (Last) BRADFORD			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1954		
--	--	--	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 2, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY Physician	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Green, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME John Asbury Bradford	13b. MOTHER'S MAIDEN NAME Minnie Jane Price	14. NAME OF HUSBAND OR WIFE Nell Pulley
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. O.F. Bradford, Columbia, Mo.	ADDRESS
---	-------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		Heart
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction (multiple) & hypertensive death from cardiac tamponade 16hrs		
DUE TO (c) Hypertensive Cardiovascular Dis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar. 29, 1954**, to **Mar. 29, 1954**, that I last saw the deceased alive on **March 29, 1954**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE James Altman M.D. (Degree or title)	23b. ADDRESS 510a Cherry Columbia	23c. DATE SIGNED 3.30.54
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 31, 1954	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Mar. 30 1954	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 313	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia Mo.	ADDRESS
--	---	--	---------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles H. Keating*

Licensed Embalmer No... *4112*

P. O. Address *Lalor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.